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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission*

7

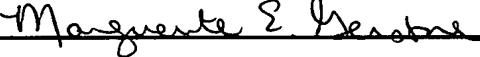
Complete if Known

Application Number	10/573,146
Filing Date	March 22, 2006
First Named Inventor	Koyama et al.
Art Unit	Not yet known
Examiner Name	Not yet known
Total Number of Pages in This Submission*	7
Attorney Docket No.	YH0022-US1

ENCLOSURES (Check all that apply)

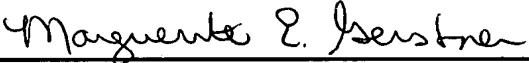
<input checked="" type="checkbox"/> Fee Transmittal Form (<i>in duplicate</i>)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return postcard, Declaration, Supplemental Application Data Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks: (**Duplicate copy of Fee Transmittal for deposit account, Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.*)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Tyco Electronics Corporation		
Signature			
Printed Name	Marguerite E. Gerstner		
Date	August 2, 2007	Reg. No.	32,695

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Marguerite E. Gerstner	Date	August 2, 2007

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FEES PURSUANT TO THE CONSOLIDATED APPROPRIATIONS ACT, 2005 (H.R. 4818)		Complete if Known	
Fee Transmittal		Application Number	10/573,146
For FY 2007		Filing Date	March 22, 2006
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Koyama et al.
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		Examiner Name	Not yet known
		Art Unit	Not yet known
		Attorney Docket No.	YH0022-US1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ - 20 or HP = _____	_____ x _____ = _____	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
_____ - 3 or HP = _____	_____ x _____ = _____	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____ = _____		

4. Other Fee(s)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): <u>Late Filing of Declaration (no Notice of Missing Parts received)</u>	130.00

SUBMITTED BY				
Signature	<u>Marguerite E. Gerstner</u>		Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Marguerite E. Gerstner		32,695	650-361-2483
Date August 2, 2007				

Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: August 2, 2007Name (printed): Marguerite E. Gerstner

08/08/2007 MKAYPAGH 00000083 180560 10573146

01 FC:1517 Signature: 130.00 DAB/Marguerite E. Gerstner